

Town of Miami Lakes Subcontractor Replacement Request

Contract No.: _____ **Project Title:** _____

Contractor's Name: _____

The Contractor identified above hereby requesting the replacement or addition of a Subcontractor(s).

In support of this request the following information is provided:

Current Work subcontracted: Total Value: \$ _____ Total Percentage _____%

Name of Subcontractor(s) being replaced*: _____

Reason for replacing Subcontractor(s): _____

Name of Subcontractor(s)	Address	Telephone/E-Mail	Contact Person	Trade	Value of Work
					\$
					\$

Scope of Work: _____

By submitting this request the Contractor certifies that the proposed subcontractor is qualified to perform the scope of work and that the Contractor is solely responsible for the Work of the proposed subcontractor. By signing below the Town agrees to the addition/replacement of the Subcontractor and does not assume any responsibility or liability for the performance of the Subcontractor.

Contractor

Town of Miami Lakes

Name: _____ Signature: _____ Date: _____ Name: _____ Signature: _____ Date: _____